

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011582

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1872

STATE FILE NUMBER

FILED APR 4 1963

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in lb <u>22 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>2205 ELMWOOD AVENUE</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GAINES</u> Middle <u>W.</u> Last <u>DAVIS</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>22</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/27/1895</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETURN MAIL ORDER CHECKER BEARS. ROEBUCK &amp; CO.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE WESLEY DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH NUNN</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. BEATRICE DAVIS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>		16. SOCIAL SECURITY NO. <u>5100 E. 34th K-6 MO</u>	
17. INFORMANT <u>MRS. BEATRICE DAVIS</u>		Address <u>2205 ELMWOOD AVE. KANSAS CITY, MO.</u>		Interval between ONSET AND DEATH	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cordiac Tamponade</u> Rupture of myocardium Intermittent Cardiac Arrest		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:25</u> a.m. <u>P.</u> Month <u>March</u> Day <u>20</u> Year <u>1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	

21. I attended the deceased from <u>March 20, 1963</u> to <u>March 22, 1963</u> and last saw him alive on <u>March 22, 1963</u> Death occurred at <u>9:25 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated		22a. SIGNATURE <u>H. A. Underwood, M.D.</u>		22b. ADDRESS <u>5100 E. 34th K-6 MO</u>	
22c. DATE SIGNED <u>3/23/63</u>		22d. SIGNATURE <u>Paul Long</u>		22e. ADDRESS <u>1931 BRUSH CREEK KANSAS CITY, MO.</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>MAR 25 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>GOODRICH CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>GOODRICH KANSAS</u>		24. FUNERAL DIRECTOR <u>D.W. NEVILL &amp; SONS</u>		25. DATE RECD. BY LOCAL REG. <u>3-25-63</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Long</u>		27. ADDRESS <u>1931 BRUSH CREEK KANSAS CITY, MO.</u>		28. DATE RECD. BY LOCAL REG. <u>3-25-63</u>	

29. SIGNATURE <u>H. A. Underwood, M.D.</u>		30. ADDRESS <u>5100 E. 34th K-6 MO</u>		31. DATE SIGNED <u>3/23/63</u>	
32. SIGNATURE <u>Paul Long</u>		33. ADDRESS <u>1931 BRUSH CREEK KANSAS CITY, MO.</u>		34. DATE RECD. BY LOCAL REG. <u>3-25-63</u>	

35. SIGNATURE <u>H. A. Underwood, M.D.</u>		36. ADDRESS <u>5100 E. 34th K-6 MO</u>		37. DATE SIGNED <u>3/23/63</u>	
38. SIGNATURE <u>Paul Long</u>		39. ADDRESS <u>1931 BRUSH CREEK KANSAS CITY, MO.</u>		40. DATE RECD. BY LOCAL REG. <u>3-25-63</u>	

41. SIGNATURE <u>H. A. Underwood, M.D.</u>		42. ADDRESS <u>5100 E. 34th K-6 MO</u>		43. DATE SIGNED <u>3/23/63</u>	
44. SIGNATURE <u>Paul Long</u>		45. ADDRESS <u>1931 BRUSH CREEK KANSAS CITY, MO.</u>		46. DATE RECD. BY LOCAL REG. <u>3-25-63</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
H. A. Underwood  
MEDICAL CERTIFICATION

Dr. Harry Amerson Wydenwood  
5100 East 24th Street  
3:30 - 7:30

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Dean W. Huff*

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.